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Recommendation for funding for a short-duration country programme**

Somalia

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Somalia with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $13,793,000 from regular resources, subject to the availability of funds, and $54,910,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2003.

* E/ICEF/2000/14.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

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Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	5.0
U5MR (per 1,000 live births)	211
IMR (per 1,000 live births)	125
Underweight (% moderate and severe) (1997)	25
Maternal mortality rate (per 100,000 live births)	1,600[a]
Literacy (% male/female) (1990)	30/14
Primary school enrolment/attendance (% net, male/female) (1992, 1996-97)	19.0, 25/13
Primary school children reaching grade 5 (%)	20[b]
Access to safe water (%) (1998)	31
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US$) (1998)	160
One-year-olds fully immunized against:	
Tuberculosis	27 per cent
Diphtheria-pertussis-tetanus	24 per cent
Measles	47 per cent
Poliomyelitis	24 per cent
Pregnant women immunized against tetanus	31 per cent

[a] 1996 WHO/UNICEF estimate.

[b] EFA 2000 assessment (UNICEF-UNDP-UNESCO-UNFPA, 1999).

[c] 1997 estimated range of $785 or less.

The situation of children and women

1. Anarchy and social disintegration as a result of years of civil war continue to deprive children and women in Somalia of their rights. The country's political and economic landscapes have experienced incremental changes in recent years, but its basic features as a country without a State remain largely unchanged.

2. In the north-west (Somaliland) and, to a lesser extent, the north-east (Puntland), nascent policies provide their communities with a modicum of stability, security, basic services and governance with a vibrant private sector and embryonic civil society. Parts of central and southern Somalia are currently experiencing levels of authority, security and economic activity that fall somewhere between crisis and recovery, and remain fragile and reversible. Much of the south, exemplified by Mogadishu, continues to be characterized by the chronic symptoms of complex emergencies — with no authoritative Government, high levels of criminality, sporadic armed conflict, lack of economic recovery and endemic humanitarian needs.

3. Diarrhoeal disease-related dehydration, respiratory infections and malaria account for more than one half of all child deaths, while neonatal tetanus and other birth-related problems contribute significantly to infant mortality. With particularly low levels of immunization, measles continues to result in many deaths during outbreaks. Somalia remains among the countries with the highest incidence of tuberculosis in the world, and cholera is endemic in most areas. Malnutrition is a chronic problem in all regions.

4. The maternal mortality rate is among the highest in the world. Haemorrhage, prolonged and obstructed labour, infections and eclampsia remain the major causes of maternal deaths. Anaemia and the almost universal practice of female genital mutilation (FGM) contribute to and aggravate the conditions.

5. Access to basic services is grossly inadequate. Only about 20 per cent of the population have access to and are using safe water, and 30 per cent use sanitation facilities. Some 65 per cent of the permanent water sources do not function. Three quarters of mothers report that they do not use soap for hand-washing. The gross enrolment ratio in primary schools is less than 10 per cent. Only a handful of secondary schools are operational, mostly in northern zones. Due to years of neglect of the education sector, most youth are out of school. Adapted services for the substantial numbers of children and women living in camps in extreme poverty, children living in the streets, orphans, physically and mentally disabled children, and children attached to militia groups are either non-existent or of poor quality.

6. HIV/AIDS prevalence rates remain relatively low. However, the high prevalence in neighbouring countries, the high prevalence of sexually transmitted diseases and the dramatic incidence of tuberculosis indicate that Somalia is at risk of a serious epidemic.

Programme cooperation, 1999-2000

7. UNICEF continued along the lines adopted in previous years, with an approach to programming that was adaptable to prevailing levels of security, stability and the capacity of counterparts. In all zones, UNICEF aimed at guaranteeing all children and women the enjoyment of their rights. The variety of environments and circumstances implied different operational modes, the establishment of different types of partnerships and a prioritization of interventions based on local realities.

8. In areas of relative stability, UNICEF and local health authorities improved the quality and sustainability of basic health care through the introduction of agreed standards and procedures, more accountable management systems and the participation of users in the management of services. An improvement was clearly noted in greater drug availability and increased working hours of staff. For the remaining parts of the country, the focus was rather on the drafting of a health sector strategic framework to guide external assistance. In 1999, 150,000 children were immunized against measles. National immunization days (NIDs) against polio were implemented successfully in several phases. Basic drugs, malaria kits and cholera supplies were distributed. More than 1 million children received vitamin A supplements during NIDs. Although large quantities of Supermix were distributed, the emphasis of nutrition interventions shifted to prevention through improved diet and caring capacity.

9. In 1999, 92 water sources were rehabilitated/constructed for 133,000 persons, while previous investments in water systems were sustained. The effort was further intensified in 2000. Several important urban systems were completed. Particular emphasis was placed on establishing and strengthening community management set-ups at water point levels. A major inventory of all water sources in the country was carried out. The school sanitation programme was expanded.

10. In education, initiatives included the finalization of curriculum standards of learning and syllabuses for all primary education grades. Some 25 textbooks for lower primary grades in six key subjects were written and edited. An assessment of teachers' training needs was conducted and used to reformulate in-service training. A self-help manual for use by teachers, parents and students for low-cost school improvement was developed. Education kits were distributed to all operational schools. The UNICEF-led strategy for the creation and empowerment of community committees for managing schools was further institutionalized. Over 40 youth groups were activated, and the non-formal education package is being completed.

11. UNICEF was able to gain momentum and create an environment conducive to the development of an effective and culturally sensitive plan of action for the total eradication of FGM. In the sensitive cultural context of Somalia, strong advocacy has allowed the mobilization of political attention from authorities and communities to address HIV/AIDS as a serious emerging public health threat.

Lessons learned from past cooperation

12. The active involvement of users and local authorities in the design and management of social services is key to ensuring public accountability and quality of services, thus contributing to their sustainability. In addition, a community service management system — when designed through participatory processes — can become a catalyst for improved governance as diverse clans are brought

together to work on issues of common interest. Furthermore, in Somalia, people understand the need to pay for services and are willing to do so. In this respect, a number of encouraging initiatives were undertaken with the aim of developing an appropriate public/private mix strategy for the provision of services.

13. There are very strong clan-based mutual assistance mechanisms in Somalia that enable people to cope with disasters. UNICEF can further build on these strengths and people's existing coping mechanisms.

14. The complex situation prevailing in Somalia, including the diverse operational environments, calls for a high degree of flexibility. The experience of mobile teams in smaller offices in the southern and central zones has proven successful as it allowed the rapid shift of programme activities from one area to another depending on changes in security and opportunities for action.

15. In chronic emergency countries, it remains feasible and crucial to plan and implement long-term activities, focus on quality improvement, develop systems and ensure community participation at all stages. The development of a full-fledged primary school curriculum and textbooks was a step in that direction.

16. Improved coordination, networking and information-sharing among the actors operating in Somalia have contributed to better articulation of sector-wide strategies, and paved the way for the standardization of programme guidelines, procedures and tools. Fund-raising was successful in 1999 and 2000 owing to the broad UNICEF staff presence in the field, the close relationship maintained with donors on the ground and the transparency of the operation.

Recommended programme cooperation, 2001-2003

Estimated annual expenditure

(In thousands of United States dollars)

	2001	2002	2003	Total
[illegible]				
[illegible]	855	890	942	2 687
[illegible]	320	335	355	1 010
[illegible]	640	665	690	1 995
[illegible]	634	653	677	1 964
[illegible]	2 002	2 045	2 090	6 137
[illegible]	**4 451**	**4 588**	**4 754**	**13 793**
[illegible]				
[illegible]	6 230	6 315	6 360	18 905
[illegible]	1 800	1 845	1 880	5 525
[illegible]	3 540	3 700	3 745	10 985
[illegible]	2 755	2 925	3 015	8 695
[illegible]	3 550	3 590	3 660	10 800
[illegible]	**17 875**	**18 375**	**18 660**	**54 910**
[illegible]	**22 326**	**22 963**	**23 414**	**68 703**

Country programme preparation process

17. In the absence of a central Government, the country programme preparation process had to be more internal to UNICEF. However, the administrations of Somaliland and Puntland, as well as professionals in all fields, were consulted and provided inputs. Priorities were reviewed within the framework of the Somalia Aid Coordination Body (SACB), of which UNICEF is a member. The goals, risk factors, objectives, indicators and strategies reflect the commitment of the whole country team to common goals rather than sectoral priorities.

Country programme goals and objectives

18. The programme will aim at the survival and development of all children and women of Somalia as full-fledged individuals capable of contributing to the development and the welfare of their communities and of Somali society. Particular attention will be given to the survival of children under five years of age.

19. The country programme will have the following seven goals: (a) to reduce the mortality and morbidity of infants and children under five years of age; (b) to reduce maternal mortality and morbidity; (c) to increase children's access to and learning from quality basic education, leading to holistic development; (d) to support the basic education, development and the participation of youth; (e) to promote the welfare and advancement of women; (f) to reduce the prevalence and prevent the spread of HIV/AIDS; and (g) to support the survival, protection, development and participation of children in need of special protection measures.

Relation to national and international priorities

20. In the absence of a central Government, there are no national priorities per se. However, UNICEF country programme goals fully correspond to both UNICEF regional priorities and those agreed upon by the SACB for Somalia. Finally, they are in line with the objectives and key sectors of intervention recently identified by the authorities of Puntland and Somaliland.

Programme strategy

21. The programme strategy will be a continuation of the strategies of previous country programmes, harmonized with other United Nations agencies and adjusted to changing circumstances and new data. At all stages of the planning, implementation, monitoring and evaluation of activities, the UNICEF team will be guided by a series of principles based on the rights of children and women:

(a) *The universality of children's and women's rights*. Children from minority groups, children in zones in conflict, illegitimate children, the girl child and children of nomads do not have the same access to basic services and care as other children. As such, they should be targets of special attention. UNICEF will document their specific situations and adapt strategies to reach them;

(b) *The indivisibility of children's and women's rights*. Although the survival of the child will represent the top programme priority, it will only be achieved through the fulfilment of all rights such as the right of access to quality learning, of protection against violence and ill treatment, and of access to development opportunities. UNICEF will continue to advocate for the need for all partners to look at all aspects of Somali child survival and development;

(c) *Participation*. UNICEF works actively to involve communities in the planning and the management of services. Further steps will be taken to guarantee a more active participation of communities in the identification of priorities and design of services, and ensure the meaningful participation of women and youth;

(d) *The respect of local culture and tradition*. UNICEF will act in respect of Somali culture and tradition as it contributes to the protection and harmonious development of the child. Among the opportunities represented by this culture, the tradition of the strong extended family, the Islamic strict hygiene requirements and the obligation made by Islam to Muslims to educate themselves and their children are worth mentioning.

22. Somalia is a chronic emergency country. UNICEF will retain as a strategy that the best approach to crisis preparedness rests in the daily interventions that develop the capacity of authorities and communities, and boosts the coping mechanisms of people. However, the UNICEF Somalia management structure, which includes a strong field presence, experienced staff and decentralized management procedures will allow a rapid response in acute crises.

23. The objectives of the *child survival and healthy development* programme will be to: improve access to public health care and services for at least 60 per cent of settled and nomadic populations, and restore users' confidence through quality improvement; expand regular routine immunization to all areas; and increase the capacity of individuals, families and communities to improve their own health. Some of the main activities will include the training of health workers in managing immunizations, correct case management of the main childhood diseases, the safe motherhood model and maternal care. UNICEF will continue to provide supplies such as basic drugs, vaccines and health centre equipment. Information and education activities on improved child care will be conducted through community health workers and traditional media channels for families. The development of a strategic planning framework for the implementation of health sector reforms in the north-west and north-east will be supported.

24. The *child nutrition care and feeding practices* programme will aim to: reduce by one half the current levels of global and severe malnutrition for children under five years old; strengthen capacity at household, community and national levels to analyse nutrition information for appropriate action; and ensure stronger linkages with other sectoral programmes to optimize impact. In order to reach these objectives, UNICEF will develop the capacity of communities for regular growth monitoring and nutritional surveillance; train health workers to implement community-based maternal and child nutrition promotion; and develop information materials for families to ensure proper care and feeding, including breastfeeding, for young children and pregnant women. It will support the development of a micronutrient policy framework as part of health sector reform, and ensure the provision and distribution of vitamin A to children under five years old and iron/folic acid to pregnant women.

25. The objectives of the *water and environmental sanitation* programme will be to: increase access to safe water for 450,000 persons; maintain current levels of services in at least 80 per cent of existing potable water sources; increase the use of sanitation structures and facilities to 45 per cent of the population; and ensure improved water, hygiene and sanitation practices in at least 80 per cent of the communities supported. Activities will range from the rehabilitation and construction of bore wells, dug wells and urban water systems, to the global coverage of sanitation and hand-washing facilities in all operating schools; work with communities on proper hygiene and sanitation practices; and the development of commercially driven organizations and self-help groups to manage water systems.

26. The *child and youth learning and development* programme will have as its main objectives to increase the net primary enrolment ratio to at least 40 per cent, with girls representing at least 46 per cent of all enrolments, to ensure a completion rate of 75 per cent at the end of primary school; to ensure that at least 70 per cent of the children enrolled achieve expected learning outcomes; and to provide development and learning opportunities to youth in selected zones. In order to reach these objectives, UNICEF will develop strategies for promoting early childhood stimulation and learning through sustainable community- and family-based interventions. UNICEF will also support in-service training for teachers and supervisors through cluster resource centres and the rehabilitation of schools, and provide locally replenishable teaching/learning materials. Strategies will be piloted to provide primary education to unreached and difficult to reach illiterate and semi-literate children through alternate channels. Finally, the establishment of community-based and self-sustaining youth groups will be supported.

27. Given the sectoral structure of the country programme, the cross-sectoral programme will allow UNICEF to address cross-cutting issues that require an integrated approach. These are communication and external relations, advancement of women, HIV/AIDS and FGM, children in need of special protection, crisis preparedness and emergency response, monitoring and evaluation, and programme support. Activities will include the dissemination of vital information for community mobilization and family empowerment using participatory techniques, support to and

networking of women organizations and the mobilization of youth groups as agents of change towards the prevention of HIV/AIDS. Partnerships will be developed with religious leaders for eradication of the practice of FGM.

Monitoring and evaluation

28. An Integrated Monitoring and Evaluation Plan has been set up to measure progress towards the goals and objectives of the country programme. Given the substantial regional disparities, zone-specific objectives and indicators will be identified to better evaluate the impact of activities. The new zonal Education Management Information System and the Health Information System will be useful tools to improve regular zonal quarterly reports, which will be the basis for formal programme reviews, both internal and with partners. Studies and research will be carried out where existing routine systems will not be sufficient.

Collaboration with partners

29. To achieve the programme objectives, it will be necessary that the limited resources of UNICEF be utilized to complement and mobilize the resources of other key partners. UNICEF will be an active member of existing coordination mechanisms, namely SACB and the United Nations Coordination Unit. In the absence of central government structures, non-governmental organizations will continue to be key partners. In Somaliland and Puntland, UNICEF will work closely with local authorities.

30. Even prior to the mid-1997 reform, United Nations agencies in Somalia were perhaps unique in the degree to which they worked as a country team. The common strategic framework adopted for the United Nations appeal, which serves as a tool for inter-agency planning, is expected to lead to a process of developing a United Nations Development Assistance Framework. The major funding partners are closely associated with all stages of UNICEF programming. They include the Governments of the United States and most European countries, and the European Union.

Programme management

31. The existing office set-up consists of a support and coordination centre in Nairobi and three zonal offices in the north-west, north-east, and centre and south. Four small field offices support the centre and south zonal office. An international resident project officer (RPO), supported by international and national programme staff, heads each zonal office, while a national officer and one General Service staff the field offices. The Nairobi support centre provides administrative and programme support, and coordinates activities with partners. The use of small bases in the centre and south, with support from mobile teams, has proved to be successful for efficient and rapid programme implementation. The strong UNICEF field presence has helped to ensure a rapid response and better monitoring. It also provides technical and logistical support to partners.

32. As it has proved efficient, the present management set-up will continue during 2001-2003. However, with the development of the Programme Manager System zonal module, there will be an added level of decentralization, with project funds managed in the zones under the responsibility of the RPOs. The cross-sectoral programme will be administered in Nairobi. Improved integration of interventions will be ensured by the role of RPOs in the zones and by the creation of thematic, action-oriented task forces at the national level.